



CANNON BUILDING  
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
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WEBSITE: WWW.DPR.DELAWARE.GOV

**BOARD OF SPEECH/LANGUAGE PATHOLOGISTS, AUDIOLOGISTS AND HEARING AID DISPENSERS**

**OFFICIAL USE ONLY**

Transcript _____	CFY Completed _____	\$ _____
Practicum _____	High School Diploma _____	Processing.
Exam Scores _____	ASHA CCC _____	\$ _____
CYF Plan _____	Other License(s) _____	Temporary License
Sponsor Affidavit _____	Verification(s) _____	
Temp. License Issued _____	Permanent License Issue _____	
Temp. License Number _____	License Number _____	

**I. APPLICATION FOR:**

*(Check one specialty)*

- ☐ **Speech/Language Pathology**  
☐ **Audiology**  
(Must have Hearing Aid License to dispense)  
☐ **Hearing Aid Dispenser**

*(Check one licensure)*

- ☐ **Permanent License**  
☐ **Temporary License**  
(HAD under Supervision)  
(AUD/SLP completing CFY)

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
City State Zip

Contact: \_\_\_\_\_  
Telephone Email

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

**II. EDUCATION**

College/University	Location (State)	Degree/Major	Year Conferred
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_____	_____	_____	_____
_____	_____	_____	_____

**III. PROFESSIONAL EXPERIENCE** *(List Current or Most Recent Position First)*

Employer Name and Address	Position/Title	Dates
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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IV. LICENSURE

In which State(s), District of Columbia or territory of the United States have you been licensed?  
Send a verification request to each.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

1. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
2. Have you ever had your license or certificate to practice speech language pathology, audiology or hearing aid dispensing suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
3. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**
4. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
5. Do you have any impairment related to drugs or alcohol that would limit your practice of speech/language pathology, audiology or hearing aid dispenser? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

When your application is complete, please allow 4-8 weeks to receive your license.

V. AFFIDAVIT:

I, \_\_\_\_\_, swear that I am the person who executed this application; that the statements herein contained are true in every respect, that I have not suppressed or withheld information that might affect this application; that I will abide by the ethical standards of the profession; and that I have read and understand this statement.

\_\_\_\_\_  
*Applicant's Signature*

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature of Notary*